

## Application Data Sheet

### Application Information

Application number::	TBA
Filing Date::	September 25, 2006
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	NONE
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	YES
Computer Readable Form (CRF)?::	YES
Number of copies of CRF::	1
Title::	<b>DIAGNOSTICS AND THERAPEUTICS FOR DISEASES ASSOCIATED WITH PROTEIN KINASE, CGMP-DEPENDENT, TYPE I (PRKG1)</b>
Attorney Docket Number::	004974.01219
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

## **Applicant Information**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Stefan  
Family Name:: GOLZ  
City of Residence:: Essen  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Bückmannsmühle 46  
City of mailing address:: Essen  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 45326

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Ulf  
Family Name:: BRÜGGEMEIER  
City of Residence:: Leichlingen  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Leysiefen 20  
City of mailing address:: Leichlingen  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: DE

Status::	Full Capacity
Given Name::	Andreas
Family Name::	GEERTS
City of Residence::	Wuppertal
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Schucherstrasse 29
City of mailing address::	Wuppertal
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	42113
Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Holger
Family Name::	SUMMER
City of Residence::	Wuppertal
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Katernberger Schulweg 3
City of mailing address::	Wuppertal
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	42113

### **Correspondence Information**

Correspondence Customer Number:: 22907

## Representative Information

Representative Customer Number:: 22907

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2005/002531	10 March 2005

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Europe	04007085.6	24 March 2004	Yes

## Assignee Information

Assignee name:: BAYER HEALTHCARE AG

Street of mailing address::

City of mailing address:: Leverkusen

State or Province of mailing address::

Country of mailing address:: GERMANY

Postal or Zip Code of mailing address:: 51368